

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND             |                                   |   |                 |                 |   |   |    |   |   |   |   |
|---|-----------------------------------|---|-----------------|-----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>8/2/05</u>          |                                   | 2 Serial/Patent # <u>10/527,268</u>   |                 |                 |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):     |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED | 6 AMOUNT        |   |   |    |   |   |   |   |
|   | Filing                            |   |                 | \$ <u>50.00</u> |   |   |    |   |   |   |   |
|   | Amendment                         |   |                 | \$              |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |                 | \$              |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |                 | \$              |   |   |    |   |   |   |   |
|   | Petition                          |   |                 | \$              |   |   |    |   |   |   |   |
|   | Issue                             |   |                 | \$              |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |                 | \$              |   |   |    |   |   |   |   |
|   | Maintenance                       |   |                 | \$              |   |   |    |   |   |   |   |
|   | Assignment                        |   |                 | \$              |   |   |    |   |   |   |   |
|   | Other                             |   |                 | \$              |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT<br>OF REFUND   |                 | \$ <u>50.00</u> |   |   |    |   |   |   |   |
| 10 REASON:                                |                                   | 8 TO BE REFUNDED BY:  |                 |                 |   |   |    |   |   |   |   |
|   | Overpayment                       | <input type="checkbox"/> Treasury Check   |                 |                 |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | <input checked="" type="checkbox"/> Credit Deposit A/c #:   |                 |                 |   |   |    |   |   |   |   |
|   | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table> |                 |                 | 0 | 8 | -- | 0 | 7 | 5 | 0 |
| 0   | 8                                 | --  | 0               | 7               | 5 | 0 |    |   |   |   |   |
| <i>Fee Code Correction</i>                |                                   |   |                 |                 |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                   |                                   |   |                 |                 |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>B.A.C.</u>         |                                   | TITLE: _____  |                 |                 |   |   |    |   |   |   |   |
| SIGNATURE: <u>BAC</u>                     |                                   | PHONE: _____  |                 |                 |   |   |    |   |   |   |   |
| OFFICE: _____                             |                                   | <small>Repln. Ref: 08/03/2005 BCAMPBEL 0019153900<br/> DAH:080750 Name/Number: 10527268<br/> ***** \$50.00 CR *****</small>   |                 |                 |   |   |    |   |   |   |   |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: |                                   |   |                 |                 |   |   |    |   |   |   |   |
| APPROVED: _____                           |                                   | DATE: _____   |                 |                 |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*